

Herpes circinatus (Tinea circinata) with favus / [J. Warburton Begbie].

Contributors

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Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
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XVIII.

HERPES CIRCINATUS (TINEA CIRCINATA) WITH FAVUS.

(Reprinted from the 'Edinburgh Medical Journal,' March, 1864.)

THE association of Tinea Circinata, a parasitic affection frequently styled ringworm of the body,—to distinguish it from Tinea (Herpes) Tonsurans, ringworm of the scalp,—with Favus, has been noticed, more particularly by Hebra, who has delineated the two eruptions as occurring at the same time in the same subject.¹ The case I am about to relate appears to me of interest—*firstly*, as an example of the co-existence of two affections supposed by Bazin and others to be dependent on the presence of separate and distinct vegetable parasites. In Favus it is the well-known *Achorion Schoëtleinii*, in Tinea Circinata the *Trichophyton tonsurans*, which is met with. *Secondly*, the case is pre-eminently illustrative of the communicability of the former disease by something short of actual contact. And, *thirdly*, it exhibits the cure of both affections resulting without the employment of parasitocides, or indeed of any remedies,—a circumstance due, I believe, to the uncongenial nature of the soil in which the parasite or parasites found themselves deposited.

M. Y—, æt. 40, widow, a washerwoman, resident in the country, was admitted to Ward XV, on the recommendation of Dr. Junor, of Peebles, in November 1863. She is the subject of sore throat and of a cutaneous

¹ See a plate in Hebra's '*Atlas of Cutaneous Diseases*.' To be found also in the earliest fasciculus, issued by the New Sydenham Society.

disorder resembling *Rupia Prominens*, but chiefly complains of severe rheumatic pains of several joints, greatly aggravated during the night. She was at once placed under a constitutional treatment, consisting mainly of cod-liver oil, with iodide of potassium; and speedily the cutaneous disorder underwent a very favorable change, when, the crusts having been removed by poultices, a weak solution of nitrate of silver—five grains to the ounce of water,—or the black wash was applied to the different sores. The *Rupia* ulcers which required most attention were situated on the back and on the upper and lower extremities. One, in particular, was seated on the outer side of the ankle of left foot, immediately behind the external malleolus. This foot she exposed morning and evening for the purpose of dressing the sore, removing a stocking and bandage with which it was covered. The patient is a person of cleanly habits, and the surface of the body indicates the attention which she has paid to ablution. About the middle of December, the patient's notice was attracted to the condition of the skin in the neighbourhood of the internal left ankle by feeling a considerable degree of itching, and on examination, she found it red and inflamed in appearance. Thinking that this part was about to become the seat of a fresh *Rupia* crust, she said nothing about the circumstance for a few days; but having by that time observed the circular form of an eruption which had become developed, she directed my attention to the appearance at visit on the 23rd of December. I immediately recognised a very characteristic circle, or rather circles, of *Herpes Circinatus* (*Tinea Circinata*). Watching the progress of this eruption from day to day, I was much interested to find, in the course of five or six days from its first recognition, the appearance of two or three—the number afterwards reached seven or eight—most distinct, yellowish, cup-shaped crusts of *Favus*. At this period I made a very careful inquiry into the whole circumstances of the patient since her admission to the hospital, and with the following result. In the same ward, during the entire period of her occupation of a bed, there had been two well-marked cases of *Favus*—one of these being that of the patient E. S—, already briefly detailed at page 199, the other that of a little girl, J. M'N—, æt. 8, who had laboured under the disease, affecting the head only, since her second year. This little patient, it was distinctly ascertained, was frequently in the habit of visiting the woman M. Y—; and it is conjectured, with, I think, every show of probability, that while so engaged, some of the sporules of the *Achorion* may have fallen from her head upon the foot of M. Y—, which she had at the time exposed, for the purpose of cleaning the sore on its external surface, and of applying to it the lotion of nitrate of silver.

The precise relation of the *Tinea Circinata* to the *Favus* may be difficult of explanation, but the intimate co-existence of these two parasitic disorders is one of the most interesting features in this very illustrative case. The parasite existing in the

former affection is believed to be identical with that found in Tinea (Herpes) Tonsurans—ringworm of the head,—and in sycosis (Mentagra)—ringworm of the beard—the so-called *Trichophyton tonsurans*. The microscopic differences between the Achorion and the Trichophyton are, however, confessedly not very remarkable. The former is composed of sporules, empty tubes (the mycelium), and tubes filled with sporules; the latter is characterised by the presence of spores, with very few if any tubes. It is, however, consistent with my own observation, that in the examination of some Favus crusts, sporules alone are to be detected, just as Mr. Erasmus Wilson states that mycelium is sometimes to be found in the Trichophyton.¹ Hence, probably, it results that so competent an authority as Hebra reduces the number of cutaneous fungi to one, conceiving the differences in the microscopical characters of the four usually recognised parasites—the Achorion, the Trichophyton, the *Microsporon furfur*, and the *Microsporon Audouini*—to be determined by the peculiarity in structure of the part of the skin which is their seat. However this may be, I had no difficulty, in the present instance, in detecting the Achorion, presenting the appearance of well-marked oval and round sporules, with very few tubes, in the small yellow crusts which appeared on the surface of the erythematous patch lying within the distinct vesicular circles of Herpes. And so, likewise, when the usual desquamative change had succeeded the earlier appearance of the Tinea Circinata, in the cuticular scales gently removed for microscopic examination by means of a blunt instrument, I observed numerous sporules, but neither empty nor filled tubes—precisely the same appearance as I have frequently seen before, and last witnessed in a case of ringworm which occurred this week in the hospital. The limitation of the two affections in this case to a very small surface of the skin—their appearance on no other part of the body separately—the immediate succession of the Favus crusts to the annular eruption of Herpes—the exposure of the patient herself to the contagion (or communication short of actual contact) of Favus, but not, so far as can be ascertained, to that of ringworm—and

¹ "On the Phytopathology of the Skin, and Nosophytodermata, the so-called Parasitic Affections of the Skin," 'British and Foreign Medico-Chirurgical Review,' January, 1864.

finally, the joint and complete disappearance of the two eruptions, all traces of which have now vanished—exhibit, I think it must be admitted, a very intimate connection between the two disorders in this particular instance. As an evidence of the communicability of Favus, the case, indeed, is one of very great value. It is also valuable, as showing that even that intractable disorder (well named *Tinea*) may come to a spontaneous termination. Essentially it is a disease of the hair-follicles. Developed in the situation in which it occurred in this case, the fungus speedily dies, as it were, a natural death. The same remark applies to Herpes Circinatus, which not unfrequently requires no decided treatment.



